

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Bret R. Shoberg et al.**
TITLE: **MULTI-LUMEN MEDICAL ELECTRICAL LEAD BODY**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 792 648 US, on this 30th day of July, 2003.

21909 U.S. PTO
10/630514
07/30/03

Sue McCoy
Printed Name
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

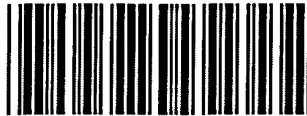
- ☒ **Patent Application Transmittal**
- ☒ **Specification:**
Total pages: 15 (including claims and abstract: Spec. 7 sheets; Claims 7 sheets; Abstract 1)
- ☒ **Drawings:**
Total sheets: 6
☐ formal ☒ informal
- ☒ **Combined Declaration and Power of Attorney:**
☒ executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- ☒ **Accompanying application parts:**
☐ Notification of filing a
☒ Assignment of the Invention to Medtronic, Inc.
☒ Assignment cover sheet
☒ Information Disclosure Statement
☒ PTO Form 1449
☒ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
☒ Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation
No. .
- ☐ Divisional
- ☐ Continuation-in-part (CIP) of prior application
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--
- ☐ Cancel in this application original claims ____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the pri r application is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee	
Total Claims	56	20	=	36	x 18	648
Independent Claims	2	3	=	0	x 84	0
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$750.00
TOTAL						1398.00

X Charge Deposit Account No. 13-2546 in the amount of **\$1438.00** for the filing fee and assignment recordation fee of \$40.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date July 30, 2003

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